

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 5				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-11-044			Contract Period 06/06/2011 To 06/05/2013 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name Health-Based Enforcement Targe				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW Task Area VII- Planning, Measurement, Program Mana					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 09/26/2011 To 09/30/2012				
Comments: The purpose of this work assignment is to assist EPA with health benefit analysis as it pertains to enforcement cases, and the creation of targeting tools. EPA estimates 360 hours of effort will be required for this work assignment.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:			LOE: 0					
06/06/2011 To 06/05/2013										
This Action:					0					
					0					
Total:					0					
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name Dan Klaus							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number 202-564-7757			
							FAX Number:			
Project Officer Name Willie Griffin							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 202-564-2077			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name Cara Lynch							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 202-564-4734			
							FAX Number:			